

Prior Authorization

Service	PA Contact	Special Instructions
<ul style="list-style-type: none"> • All out-of-state hospital care • All transplant services 	<p>Mountain-Pacific Quality Health Foundation 3404 Cooney Drive Helena, MT 59602</p> <p>Phone: (406) 457-5850 Helena (800) 262-1545 X5850 In and out of state</p> <p>Fax: (406) 443-4584 Helena (800) 497-8235 In and out of state</p>	<ul style="list-style-type: none"> • Required information includes: <ul style="list-style-type: none"> • Client's name • Client's Medicaid ID number • State and hospital where client is going • Documentation that supports medical necessity. This varies based on circumstances. Mountain-Pacific Quality Health Foundation will instruct providers on required documentation on a case-by-case basis. • Emergency out-of-state services must be reported within two business days of admission. For example, a client admitted on Sunday must report admission by Wednesday.
<ul style="list-style-type: none"> • Contact lenses (dispensing and fitting of) 	<p>Provider Relations P.O. Box 4936 Helena, MT 59604</p> <p>Phone: (406) 442-1837 Helena and out of state (800) 624-3958 In state</p>	<ul style="list-style-type: none"> • PA required for contact lenses and dispensing fees. • Diagnosis must be one of the following: <ul style="list-style-type: none"> • Keratoconus • Aphakia • Visual acuity (must document correction with glasses and with contact lenses) • Anisometropia of 2 diopters or more
<ul style="list-style-type: none"> • Dental and Orthodontic Services 	<p>Claims Processing Unit P. O. Box 8000 Helena, MT 59604</p> <p>Phone: (800) 624-3958 In state (406) 442-1837 Out of state and Helena</p>	<ul style="list-style-type: none"> • PA is required for all orthodontic services. • In certain circumstances, some limits may be exceeded if prior authorization is granted. • Send paper claims to this address. • For claims questions, call the number listed.
<ul style="list-style-type: none"> • DME 	<p>Mountain-Pacific Quality Health Foundation 3404 Cooney Drive Helena, MT 59602</p> <p>Phone: (406) 457-5887 Local (877) 443-4021 X5887 Toll-free</p> <p>Fax: (877) 443-2580 Local and long-distance</p>	<ul style="list-style-type: none"> • Complete the prior authorization form in the DME provider manual and send the address shown.
<ul style="list-style-type: none"> • EPSDT - Private Duty Nursing 	<p>Mountain Pacific Quality Health Foundation 3404 Cooney Drive Helena, MT 59602</p> <p>Phone: (800) 262-1545 In state (406) 443-4020 Out of state and Helena</p> <p>Fax: (800) 497-8235 In state (406) 443-4585 Out of state and Helena</p>	<ul style="list-style-type: none"> • Prior authorization is required for private duty nursing services.

Prior Authorization (continued)

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<ul style="list-style-type: none"> • Eye prosthesis • New technology codes (Category III CPT codes) • Other reviews referred by Medicaid program staff 	<p>Mountain-Pacific Quality Health Foundation 3404 Cooney Drive Helena, MT 59602</p> <p>Phone: (406) 457-5887 Local (877) 443-4021 X5887 Toll-free</p> <p>Fax: (877) 443-2580 Local and long-distance</p>	<ul style="list-style-type: none"> • Documentation that supports medical necessity • Documentation regarding the client's ability to comply with any required after care • Letters of justification from referring physician • Documentation should be provided at least two weeks prior to the procedure date.
<ul style="list-style-type: none"> • Hearing Aids 	<p>Hearing Aid Program Officer DPHHS Health Policy and Services Division Medicaid Services Bureau P.O. Box 202951 Helena, MT 59620-2951</p> <p>Phone: (406) 442-1837 Helena and out of state (800) 624-3958 In state</p>	<ul style="list-style-type: none"> • Prior authorization is required for hearing aids. • Please complete the form from the Hearing Aid Services manual and include a copy of the referral from the physician or mid-level practitioner, and audiogram, and a report from the licensed audiologist.
<ul style="list-style-type: none"> • Home and Community Based Services 	<p>Contact you local area case management team (see <i>Case Management Teams</i> in the contacts listing).</p>	<ul style="list-style-type: none"> • Prior authorization is required for services.
<ul style="list-style-type: none"> • Home Health Services 	<p>Mountain-Pacific Quality Health Foundation 3404 Cooney Drive Helena, MT 59602</p> <p>Phone: (406) 443-0320 Helena and out of state (800) 219-7035 In state</p>	<ul style="list-style-type: none"> • Prior authorization required for home health services. • Authorization required for skilled nursing services in excess of 75 visits per state fiscal year (July - June).
<ul style="list-style-type: none"> • Mastectomy 	<p>Mountain-Pacific Quality Health Foundation 3404 Cooney Drive Helena, MT 59602</p> <p>Phone: (406) 457-5887 Local (877) 443-4021 X5887 Toll-free</p> <p>Fax: (877) 443-2580 Local and long-distance</p>	<ul style="list-style-type: none"> • Client must be diagnosed with cancer. • Factors that may also be considered include: <ul style="list-style-type: none"> • Presence of lobular carcinoma in situ is a risk factor for development of cancer in either breast. • Having more than one first degree relative who has had breast cancer, particularly when one had bilateral cancer. • Age at the time of diagnosis. Recurrence is more likely with younger clients. • Oncological consultation that supports the bilateral mastectomy.

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• Mental Health Services	First Health Services 4300 Cox Road Glen Allen, VA 23060 Phone: (800) 770-3084 Fax: (800) 639-8982 (800) 247-3844	<ul style="list-style-type: none"> • Prior authorization (PA) required for continued stay review for selected mental health services. • PA required for inpatient and residential services. • PA required for more than 12 visits between January 1, 2002 and June 30 2003. • PA required for more than 24 visits between July 01, 2002 and June 30, 2003.
• Personal Care Services	Mountain-Pacific Quality Health Foundation 3404 Cooney Drive Helena, MT 59602 Phone: (406) 443-4020 Helena and out of state (800) 268-1145 In state	<ul style="list-style-type: none"> • Prior authorization required for personal care services.
• Prescription Drugs (For a list of drugs that require PA, refer to the <i>PA Criteria for Prescription Drugs</i> later in this chapter.)	Drug Prior Authorization Unit Mountain-Pacific Quality Health Foundation 3404 Cooney Drive Helena, MT 59602 Phone: (406) 443-6002 Helena (800) 395-7961 In and out of state Fax: (406) 443-7014 Helena (800) 294-1350 In and out of state	<ul style="list-style-type: none"> • Refer to the <i>PA Criteria for Prescription Drugs</i> table in this chapter for a list of drugs that require PA. • Providers must submit the information requested on the <i>Request for Drug Prior Authorization Form</i> to the Drug Prior Authorization Unit. This form is in <i>Appendix A: Forms</i>. • The prescriber (physician, pharmacy, etc.) may submit requests by mail, telephone, or FAX to the address shown on the <i>PA Criteria for Specific Services</i> table.
• Transportation (commercial and scheduled ambulance transport)	Mountain-Pacific Quality Health Foundation Medicaid Transportation P.O. Box 6488 Helena, MT 59604 Phone: (800) 292-7114 Fax: (800) 291-7791 E-Mail: ambulance@mpqhf.org	<ul style="list-style-type: none"> • All scheduled and non-scheduled transports require authorization. • For emergency ambulance transports, providers have 180 days following service to obtain authorization. • Ambulance providers may call, leave a message, fax, or E-mail requests. • Required information includes: <ul style="list-style-type: none"> • Name of transportation provider • Provider's Medicaid ID Number • Client's name • Client's Medicaid ID number • Point of origin to the point of destination • Date and time of transport • Reason for transport • Level of services to be provided during transport (e.g., BLS, ALS, mileage, oxygen, etc.) • Providers must submit the trip report and copy of the charges for review after transport. • For commercial or private vehicle transportation, clients call and leave a message, or fax travel requests prior to traveling.

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<ul style="list-style-type: none">• Reduction Mammoplasty	<p>Mountain-Pacific Quality Health Foundation 3404 Cooney Drive Helena, MT 59602</p> <p>Phone: (406) 457-5887 Local (877) 443-4021 X5887 Toll-free</p> <p>Fax: (877) 443-2580 Local and long-distance</p>	<ul style="list-style-type: none">• Female client 18 years or greater with a body weight less than 1.5 times the ideal weight.• History of the client’s symptoms related to larger, pendulous breasts. Back pain symptoms must have been documented and present for at least six months, and causes other than weight of breasts must have been excluded.• There must be severe, documented secondary effects of large breasts, unresponsive to standard medical therapy administered over at least a six month period. This must include all of the following conditions:<ul style="list-style-type: none">• Upper back, neck, shoulder pain and parasthesia radiating into the arms that has been unresponsive to at least six months of documented, notarized, and supervised physical therapy and strengthening exercises. If paresthesia is present, a nerve conduction study must be submitted.• Chronic intertrigo (a superficial dermatitis) unresponsive to conservative measures such as absorbent material or topical antibiotic therapy. Document extent and duration of dermatological conditions requiring antimicrobial therapy.• Significant shoulder grooving unresponsive to conservative management with proper use of appropriate foundation garments which spread the tension of the support and lift function evenly over the shoulder, neck and upper back. <p>Documentation in the client’s record must include the following:</p> <ul style="list-style-type: none">• The duration of the symptoms of at least six months and the lack of success of other therapeutic measures (e.g., documented weight loss programs with six months of food and calorie intake diary, medications for back/neck pain, etc.).• Guidelines for the anticipated weight of breast tissue removed from each breast related to the client’s height (which must be documented): <table><tr><th>Height</th><th>Weight of tissue per breast</th></tr><tr><td>less than 5 feet</td><td>250 grams</td></tr><tr><td>5 feet to 5 feet, 2 inches</td><td>350 grams</td></tr><tr><td>5 feet, 2 inches to 5 feet, 4 inches</td><td>450 grams</td></tr><tr><td>greater than 5 feet, 4 inches</td><td>500 grams</td></tr></table> <ul style="list-style-type: none">• Pathology report including weight of surgical specimen.• Pre-operative photographs of the pectoral girdle showing changes related to macromastia.• Medication use history. Breast enlargements may be caused by various medications (e.g., sironolactone, cimetidine) or illicit drug abuse (e.g., marijuana, heroin, steroids). Although rare in women, drug effects should be considered as causes of breast enlargement prior to surgical treatment since the problem may recur after the surgery if the drugs are continued. Increased prolactin levels can cause breast enlargement (rare). Liver disease, adrenal or pituitary tumors may also cause breast enlargement and should also be considered prior to surgery.	Height	Weight of tissue per breast	less than 5 feet	250 grams	5 feet to 5 feet, 2 inches	350 grams	5 feet, 2 inches to 5 feet, 4 inches	450 grams	greater than 5 feet, 4 inches	500 grams
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